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2292 7590 10/03/2006

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/673,739	10/20/2000	Thomas Valentine McCarthy	1377-156P	3757
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TITLE OF INVENTION: METHOD FOR THE CHARACTERISATION OF NUCLEIC ACID MOLECULES INVOLVING GENERATION OF EXTENDIBLE UPSTREAM DNA FRAGMENTS RESULTING FROM THE CLEAVAGE OF NUCLEIC ACID AT AN ABASIC SITE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	01/03/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	01/04/2007 HDESTA2 00000097 09673739		
TUNG, JOYCE		1637	435-006000	01 FC:2501 02 FC:0001	700.00 OP 12.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

¹Birch, Stewart,
²Kolasch & Birch, LLP
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Enterprise Ireland (T/A BioResearch Ireland) Dublin, Ireland

University College Cork Natl. University of Ireland Cork, Ireland

Please check the appropriate assignee category or categories (will not be printed on the patent). Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies Four (4)

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mary Anne Armstrong, Ph.D.

Date JAN - 8 2007

Typed or printed name Mary Anne Armstrong, Ph.D.

Registration No. 40,069

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